

MONROE COUNTY HEALTH DEPARTMENT

APPLICATION FOR FOOD WORKER CERTIFICATION REGISTRY (RECIPROCITY) PLEASE PRINT

LAST NAME

FIRST NAME & MIDDLE INITIAL

NUMBER AND STREET ADDRESS

CITY, STATE ZIP

HOME TELEPHONE NUMBER

PLACE OF FOOD SERVICE EMPLOYMENT _____

POSITION HELD _____

NAME OF FOOD TRAINING COURSE PREVIOUSLY ATTENDED _____

DATE OF ATTENDANCE: MONTH____ YEAR____

CERTIFICATE EXPIRATION DATE _____

PLEASE ATTACH A COPY OF YOUR PRESENT CERTIFICATE .

APPLICANT'S SIGNATURE _____ DATE _____

**THE REGISTRY FEE IS \$21.00. PAYABLE WITH SUBMISSION OF THIS APPLICATION.
PLEASE MAKE CHECKS PAYABLE TO: MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, PLEASE SEND FORM, CERTIFICATE COPY AND CHECK TO:

MONROE COUNTY HEALTH DEPARTMENT
Food Certification – Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, N. Y .14692

Information phone: **753-5869**

If applying in person, bring form, copy of certificate, and check to: Room 1020 at the above address.